

Athletics Department

South Carolina Governor's School for Science and Mathematics

Parent/Athlete Concussion Statement

PARENTS and STUDENT ATHLETE, please initial each line after completing the tasks outlined. The documents referenced can be found on our website under the athletics link.

| Parent | Athlete | |
|---------------|----------------|---|
| _____ | _____ | I understand that it is my responsibility to report all injuries illnesses to the athletic trainer, the nursing staff, and my coach. |
| _____ | _____ | I have read and understand the <i>CDC Concussion Fact Sheet</i> for parents. |
| _____ | _____ | I have read and understand the <i>CDC Concussion Fact Sheet</i> for athletes. |
| _____ | _____ | I understand that GSSM will require that a student diagnosed with a concussion will most likely have to return to the care of his/her parent until a medical clearance. |

After reading the concussion fact sheets, I am aware of the following:

| | | |
|-------|-------|---|
| _____ | _____ | A concussion is a brain injury that I am responsible for reporting to the athletic trainer, the nursing staff, and my coach. |
| _____ | _____ | A concussion can affect everyday activities, athletic performance, balance, sleep, reaction time, and classroom performance. |
| _____ | _____ | If I suspect a teammate might have a concussion, I am responsible for reporting the possible injury to the nursing staff, the athletic trainer, the coach, or appropriate GSSM staff member. |
| _____ | _____ | I will not return to activity on the same day if I have received a blow to the head or body that results in concussion related symptoms. |
| _____ | _____ | Following a concussion, the brain needs time to heal. You are much more likely to have another concussion if you return to play prior to your symptoms resolving. In rare cases, repeat concussions can cause permanent brain damage or even death. I understand that physician clearance, and completion of the <i>Return-to-Play Protocol</i> must be completed before an athlete returns to full participation. |

Student Athlete Signature

Parent Signature

Date

Printed Name of Student

Printed Name of Parent